

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
154-019

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2		1					52			
3	1						53			
4	1	2					54			
5	2						55			
6	2						56			
7	1						57			
8	1						58			
9							59			
10	1						60			
11	1						61			
12	1						62	1		
13	1						63	1		
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19							69			
20	1						70	2		
21	1						71	2		
22	1						72	2		
23	1						73	1		
24	1						74	1		
25	1						75	1		
26	1						76	1		
27	1						77	2		
28	1						78	2		
29	1						79	2		
30	1						80	1		
31	1						81	1		
32	1						82	1		
33	1						83	1		
34	1						84	1		
35	1						85	1		
36	1						86	1		
37	1						87	1		
38	1						88	1		
39	1						89	1		
40	1						90	1		
41	1						91	1		
42	1						92	1		
43	1						93	1		
44	1						94	1		
45	1						95	1		
46	1						96	1		
47	1						97	1		
48	1						98			
49	1						99			
50	1						100			
TOTAL IND.	5		1		1		TOTAL IND.	9		
TOTAL DEP.	18	1	1	1	1	1	TOTAL DEP.	11	1	1
TOTAL CLAIMS	53		1		1		TOTAL CLAIMS	53		